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IMPLEMENTATION OF THE ARUSHA PROGRAMME
OF ACTION ON POPULATION

I. INTRODUCTION

1. Following the world population conference held in Bucharest (1974) and the adoption of the world population plan of action, many governments have formulated policies and programmes purporting to take into account the interrelationships between population and development. In this regard, the activities of these governments have focussed on the five main areas of conferences, seminars, research activities; dissemination of information; and, strengthening technical capacity and institution building for the integration. However, despite the concerted efforts by African governments in these areas, difficulties are still being encountered in attempting to integrate population into development planning on a systematic basis.

2. Accordingly, at the second African Population Conference held in Arusha in January 1984, as part of the regional preparations for the International Conference on Population (ICP) in Mexico City (August 1984), African states, for the first time, contended that their population growth rates and their desired socio-economic growth goals should be compatible. It was against this background that these states adopted the Kilimanjaro programme of action on population (KPA). The KPA recommendations covered the nine activity areas of population and development strategy and policy; fertility and family planning; morbidity and mortality; urbanization and migration; changing role of women in the development process; children and youth; population data collection, analysis, training and research; population information; and, community involvement and role of private and non-governmental organizations.

3. It will be recalled that these recommendations were summarized and presented to the plenary session by the ECA Secretariat at the 4th Session of this Joint Conference held in March 1986. Besides the summary and presentation, the Secretariat also reported on the actions taken at the time to implement the recommendations of the KPA namely the call on the ECA Executive Secretary to (i) ensure that the principles, objectives and recommendations of the KPA were incorporated into the work programme of the secretariat; (ii) report the outcome of the ICP to the ECA Conference of Ministers at its 11th Session; and, (iii) present a report to the 21st session of Assembly of Heads of State and Government of OAU.

4. The 4th Session of the Joint Conference was informed about the actions taken by the ECA Executive Secretary in all three areas. Country representatives were also requested to inform the conference about the activities undertaken by them to implement the recommendations of the KPA. For the future, the Secretariat suggested to member States (i) the adoption of mortality targets implicit in the ICP; (ii) the adoption of their own quantitative goals to reduce fertility; (iii) review their policies on rural development and urbanization; (iv) set up population commissions to formulate relevant population policies consistent with socio-economic development goals; (v) set up population units within the national planning ministries to serve as the secretariat for the population commissions; and, (vi) ensure that subsequent sessions of the Joint Conference should review the implementation of the KPA.

5. It will be recalled that the mortality targets set in the ICP were: (i) «Countries with higher mortality levels should aim for life expectancy at birth of at least 60 years and infant mortality rate of less than 50 per 1000 live births by the year 2000» - recommendation 14; and (ii) «To reduce maternal mortality by at least 50 per cent by the year 2000, where such mortality is very high (higher than 100 maternal deaths per 100,000 births)» - recommendation 18(a).

6. According to the ICP, the measures that should be taken by governments to reduce fertility levels should include changing the attitudes of the people from large families to small size families emphasizing the health benefits of small family size through comprehensive population information education programmes backed by strong political will; expanding and improving education programmes of the women; improving employment opportunities for women outside the home; introducing or expanding family planning services and facilities; liberalizing laws governing contraceptive availability and use; and increasing the age at marriage.

7. Concerning policies on rural development and urbanization, the ICP called on governments to formulate policies to reduce concentration of population in one or a few urban areas and to encourage the population to remain in the rural areas; develop more medium-size towns in the various parts of the country; provide services and facilities in rural areas which are available to urban population (e.g. education, clean drinking water, health, transportation; and improve agricultural production in rural areas through provision of credit facilities, agricultural extension services, good prices to farmers for their produce).

8. It is in the spirit of the suggestion for the subsequent sessions of the Joint Conference to review the implementation of the KPA that the secretariat is presenting this review. The next section will outline the additional steps being taken by the Secretariat to implement the recommendations of the KPA. This will be followed by status report on the implementation by the member States.

II. IMPLEMENTATION BY THE SECRETARIAT

9. Given the increased awareness by the ECA member States of the need to take population factors into account in the planning process as implicit in the KPA recommendations, it is pertinent to provide these member States with the «know-how» for operationalizing the integration process. The Secretariat took the first step in this context by organizing a Regional Training Workshop on demographic estimates and projections in 1985 with the aims of (i) assisting ECA member States by training their personnel in producing basic demographic estimates and projections for the purpose of social economic and regional planning; (ii) bringing together these nationals with varying demographic data to share their problem and/or solutions and experiences in the preparation of population estimates and projections; and (iii) formulating recommendations for future activities in the field of demographic estimates and projection both at the national and sub-national levels.

10. It was not possible for the secretariat to inform the 4th session of the Joint Conference of this activity because the proceedings of the said workshop had not been published at the time. This has now been done and the two volumes of the workshop proceedings have now been distributed to appropriate agencies of the member States.

11. Following the workshop, the Secretariat had taken the second step to prepare «Guidelines for the integration of population variables in socio-economic development planning». A draft of the «Guidelines» was discussed at a task force meeting of experts organized by the Secretariat in November 1986; the revised version of the Guidelines is being presented to this session of the Joint Conference for review (See Document E/ECA/PSD.5/41). Simultaneously, the Secretariat in collaboration with NIPS and IFORD had submitted a project document to UNFPA for possible funding of a Regional Training Workshop to discuss the «Guidelines». During the envisaged workshop, country participants will be encouraged by the secretariat to organize national workshops on the »Guidelines» to ensure a proper diffusion of the ideas at the national level.

12. A third action taken by the Secretariat to implement the recommendations of the KPA has been to popularize the KPA by disseminating information on the recommendations among member States as part of the Secretariat's regular work programme. In the 46th issue of the African Population Newsletter which covered the period January to June 1986, the Secretariat published all the recommendations of the KPA. Effective from the 1986-87 work programme period, the Secretariat has reactivated the use of the African Population Newsletter as a medium for further dissemination of the KPA recommendations. For instance, the 50th issue of the Newsletter (January-June 1986) was focussed on the KPA recommendations in the area of population and development; the 51st issue (July-December 1986) on fertility and family planning; the 52nd issue (January-June 1987) on mortality and morbidity; the 53rd issue (July-December 1987) on urbanization and migration. In each of these issues, the particular recommendations are reiterated simultaneous with pertinent information (if any) on the theme at the global, regional and national levels.

13. A fourth action taken by the Secretariat to implement the KPA recommendations is in the area of regional advisory services in demographic analysis. To meet the growing need of the ECA member States for assistance in the field of population, ECA has had regional advisers whose activities have been wholly financed by UNFPA since 1969. This programme stresses the importance of analysing the available demographic data and training personnel to collect improved quality of data and utilise it fully in the development planning process of the member States.

14. During 1986, such assistance was rendered to several member States to analyse data from censuses, surveys, vital registration and other data collection systems. Training of personnel to collect better quality data also formed the major focus of the activities. In Kenya a large number of statistical clerks in the Health

information system at the Ministry of Health, were trained. From the material prepared for the said training, a Guide Book on Population and Elementary Statistics for Health Workers is being published. It is expected that such a book will be useful to other member States in their efforts to improve health statistics. Another related activity was the preparation of a background document on the Tanzania civil registration experimental project to highlight the (i) progress achieved in meeting planned objectives; (ii) major obstacles in the project implementation; and (iii) recommendations for improving the country's data needs in respect of vital statistics. If successful, the Tanzanian experiment could provide a lesson to other member States either in the process of initiating similar projects or already having such systems also in experimental stages.

15. In the particular area of mortality/morbidity, data from the civil registration system in Burundi were evaluated, adjusted and life tables were prepared. In Mauritius, mortality data from the latest census is still not available, but the registration is more or less complete and available health statistics are quite elaborate and acceptable. Equally, information on the country's housing, living conditions, environment, public health and other aspects bearing on health are available. Accordingly, the Statistics Office, in collaboration with the Ministry of Health and the ECA, worked out a detailed programme of analysing health related data and its impact on maternal, child health and family planning.

16. A fifth action taken by the Secretariat to implement the KPA recommendations is in the area of specific studies on various aspects of the recommendations. Among the major ones of these studies are: (i) estimates and projections of African population trends as assessed in 1986; (ii) trends in infant and childhood mortality and their implications to population growth in Africa; mortality levels, patterns, trends and differentials in Africa: a comprehensive analysis for selected countries in Southern Africa; report on the integrated maternal and child health family planning programmes in Africa.

17. In the case of the last study on implementing recommendations on MCH/FP programmes, the Secretariat sent a questionnaire to all the member States. The reported activities in 25 of the 30 member States that responded have been analysed. The main problems reported by the member States appear to be inadequate financial resources, inadequate competent human resources, problems of evaluating the programme, insufficient medical and inadequate medical infrastructure.

Implementation by the member States:

18. The Secretariat had also distributed a questionnaire to member States to enable it monitor their efforts while implementing the recommendations of the KPA (See Annex I). To date the responses have been quite few. Available evidence, however, indicates that following the adoption of the KPA in 1984, the perceptions of the member States on population policy changed significantly. About 20 of these states (Table 1) either desired or had a policy to influence their population

growth rates as against 13 in 1982 (an increase of about 54 per cent within 5 years). A total of 25 of the states (i.e. 50 per cent) desired or had policies to influence their fertility levels. In the case of mortality, 46 of the states (i.e. 92 per cent) desired or had policies to further influence the levels particularly for the infants and children as against 33 (i.e. 66 per cent) in 1982. In the case of spatial population distribution, the number of member States which desired or had ameliorating policies increased from 19 to 36 (i.e. 89 per cent increase between 1982 and 1987).

19. Overall, available evidence indicates that to date and prior to the adoption of the KPA, 13 ECA member States in Africa, south of the Sahara and 3 in north Africa have established explicit population policies. Among those in sub-Saharan Africa, Burundi and Ghana have issued separate documents: Ghana in 1969, Burundi in 1983. 1/ The remaining states (Botswana, 1980; Cameroon, 1981; Gambia, 1982; Kenya, 1983; Lesotho, 1980; Mauritius, 1980; Rwanda, 1982; Senegal 1981; Swaziland, 1978; Uganda, 1981; Zambia, 1979) have recently drawn up national development plans that establish specific policies to address population problems consistent with the KPA recommendations. 2/

20. Among the policy instruments advocated by governments in the 13 sub-Saharan African countries seeking to reduce high fertility rates are delayed marriage, prolonged breastfeeding, abortion, lengthy periods of abstinence following the birth of a child and contraception. By far, the use of contraception within a family planning programme is the most popular method adopted by the governments in these states. The indicated strategies to improve family planning service delivery in all the 13 policies (excepting Cameroon) include strong emphasis on MCH/FP programmes; provision of government support to family planning association; and the need to develop delivery systems in underserved rural areas. 3/

21. Besides family planning, all 13 policies also recognize the importance of information and education programmes and have included plans for such measures in their statements. A number of the policies indicate plans to conduct large-scale education programmes related to population, family planning or family life. Plans for mass-media campaigns appear in the policies of Burundi, Gambia and Rwanda. A number of the policies have also incorporated family planning education into the curricula of their primary and secondary schools. Lesotho and Uganda provide

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1/ Heckell, N.I., «Population laws and policies in sub-Saharan Africa: 1975-85» in International Family Planning Perspective, Vol. 12, No. 4 (December 1986), pp. 122-124.

2/ The 93 recommendations of the KPA cover 9 broad areas of population and development strategy and policy; fertility and family planning; morbidity and mortality; urbanization and migration; role of women in the development process; children and youth; population data collection, analysis, training and research; population information; and community involvement and role of private and non-governmental organizations.

3/ Ibid.

Table 1: Pe

ECA Member States	Estimated Population (000s) 1985	Population Growth				Fer	
		No View and/or Policy		Has or Desires Policy		No Vie and/or Policy	
		1982	1987	1982	1987	1982	19
North Africa							
Egypt	46,909			X	X		
Morocco	21,941			X	X		
Algeria	21,718			X	X		
Sudan	21,550	NR	X			NR	
Tunisia	7,081			X	X		
Libya	3,605	X	X			X	
Sub-Saharan Africa							
Nigeria	95,198	NR	X				
Ethiopia	43,557	X	X			X	
Zaire	29,938	X	X			X	
Tanzania	22,499	X	X			X	
Kenya	20,600			NR	X		
Uganda	15,477	X	X				
Mozambique	13,961	X	X			X	
Ghana	13,588			NR	X		
Madagascar	10,012	X	X			X	
Cameroun	9,873	X	X			X	
Cote D'Ivoire	9,810			X[b/]	X[b/]	X	
Zimbabwe	8,777	X		NR	X		
Angola	8,754		X	NR		NR	
Mali	8,082	X	X			X	
Malawi	6,944		X	NR		NR	
Burkina Faso	6,942	X	X			X	
Zambia	6,666	X	X			X	
Senegal	6,444	X			X		
Niger	6,115		X	NR			
Guinee	6,075	NR	X			NR	
Rwanda	6,070			X	X		

reptions on Population Policy in ECA Member States

1982 and 1987

lity		MCH/FP				Mortality/ Morbidity				Spatial Distribution				Annual Population Growth Rate 1975 - 85 %
Has or Desires Policy		Has or Desires Programme		Doesn't have and/or Desires programme		No View and/or Policy		Has or Desires Policy		No View and/or Policy		Has or Desires Policy		
1982	1987	1982	1987	1982	1987	1982	1987	1982	1987	1982	1987	1982	1987	
X	X	X	X					X	X			X	X	2.6
X	X	X	X					X	X			X	X	2.4
X	X	X	X					X	X			X	X	3.0
		NR	X					NR	X			NR	X	3.0
X	X	X	X					X	X			X	X	2.3
		NR		X	X	X	X					X	X	3.9
NR	X	NR	X					NR	X			NR	X	3.4
		NR	X					X	X	X			X	2.4
		NR	X[2/]					X	X			X	X	2.9
		X	X					X	X			X	X	3.5
NR	X	NR	X					NR	X			NR	X	4.1
X	X	X	X					X	X	X			X	3.3
		X	X					X	X			X	X	3.6
NR	X	NR	X					NR	X			NR	X	3.3
		X	X					X	X		X	X		2.8
		X	X			X	NA	NA	X	X			X	2.6
		X			X	X	X					X	X	3.7
X	X	X	X					X	X			X	X	3.4
		NR	X					NR	X	NR	X			2.9
		X	X					X	X	X	X			2.5
		NR	X					NR	X	NR	X			3.0
		X	X					X	X	X			X	2.2
		X	X					X	X			X	X	3.2
X	X	X	X					X	X			X	X	3.0
NR	X	NR	X					NR	X			NR	X	2.7
		NR	X					NR	X	NR	X			2.2
X	X	X	X			X	X			X	X			3.3

ECA Member States	Estimated Population (000s) 1985	Population Growth				. Fer	
		No View and/or Policy		Has or Desires Policy		No Vi and/o Polic	
		1982	1987	1982	1987	1982	19
Chad	5,018	NR	X			NR	
Burundi	4,721			X	X		
Somalia	4,653	X	X			X	
Benin	4,050	X	X			X	
Siera Leone	3,602	X	X			X	
Togo	2,960	X	X			X	
Central African Republic	2,576	X	X			X	
Liberia	2,191	X	X			X	
Mauritania	1,888			X[b/]	X[b/]	X	
Congo	1,740	X	X				
Lesotho	1,520			X	X		
Gabon	1,151			X[b/]	X[b/]		
Botswana	1,107	X			X		
Mauritius	1,050			X	X		
Guinea Bissau	889	X	X			X	
Swaziland	650	X	X			X	
Gambia	643			X	X		
Comoros	444	X			X	X	
Equatorial Guinea	392			X[b/]	X[b/]		
Djibouti	361	X	X			X	
Capeverde	326	NR	X			NR	
Sao Tome and Principe	102	X	X			X	
Seychelles	65			NR	X		

NR = No Response

a/ Policy of indirect support for contraceptive use

b/ A policy to increase and/or raise rates

Source: "Fifth population inquiry among governments: ECA member st
(UNECA: Addis Ababa, 1984), ECA/PD/WP/1984/3; "Review of
base, 1987, (United Nations: New York, 1987), ST/ESA/SER.

lity		MCH/FP				Mortality/ Morbidity				Spatial Distribution				Annual Population Growth Rate 1975-85 %
Has or Desires Policy		Has or Desires Programme		Doesn't have and/or Desires Programme		No View and/or Policy		Has or Desires Policy		No View and/or Policy		Has or Desires Policy		
1982	1987	1982	1987	1982	1987	1982	1987	1982	1987	1982	1987	1982	1987	
				NR	X			NR	X	NR	X			2.2
X	X	X	X					X	X	X	X			2.3
		X	X[a/]					X	X	X			X	3.6
		NR	X[a/]					X	X	X			X	2.9
		X	X[a/]					X	X	X	X			1.7
		NR	X					X	X			X	X	2.7
		NR	X					X	X			X	X	2.2
		X	X[a/]					X	X	X	X			3.3
				NR	X			X	X			X	X	2.8
X	X	X	X					X	X	X			X	2.5
X	X	X	X					X	X	X	X			2.5
X	X			NR	X	X			X	X			X	1.4
X	X	X	X					X	X	X			X	3.8
X	X	X	X					X	X	X	X			1.9
		X	X					X	X			X	X	3.5
	X	X	X					X	X	X			X	3.0
X	X	X	X					X	X	X			X	2.0
	X	NR	X		X			X	X	X	X			3.2
X	X	X			X			X	X			NR	X	2.1
				NR	X			NR	X	X			X	2.5
		NR	X					NR	X	X	NR	X		1.4
		X	X					X	X	X			X	2.7
NR	X	NR	X			NR	X					NR	X	1.4

es and policies on demographic trends in relation to development as of 1982"
pulation Policies and Programmes" E/CN.14/POP/129; Global Population Policy data
'71.

such training through non-formal education and programmes for adults as well. Some of the policies also emphasize the need to educate special population sub-groups. Botswana and Burundi cite the importance of providing young people with programmes that foster responsible parenthood. Swaziland's policy emphasizes the provision of information and education to males. 4/

22. Other major types of policy provisions include measures to improve the status of women (Cameroon, Gambia, Ghana and Senegal). However, the policies place somewhat less emphasis on research and evaluation activities. Uganda stresses measures to improve the country's vital registration system. Some of the policies emphasize basic research on subjects as infertility (e.g. Cameroon), fertility (e.g. Botswana and Rwanda), and infant/child mortality (e.g. Botswana). Kenya cites the need for operation's research for programme monitoring and evaluation.

23. In the North African subregion , Algeria, Egypt and Tunisia have explicit population policies to modify population growth. In Algeria, official policy is to decrease natural increase, population size and rate of growth through decreasing fertility levels as well as general and infant mortality in all regions of the country. Regarding fertility, the policy measures include family planning, education, communication and information programmes and improving the status of women; on mortality, the policy measures include programmes of hygiene, health education, MCH and extension of social security.

24. In Egypt, official policy is to decrease population growth chiefly by reducing fertility. The target was to reduce the rate of growth to 1.6 per cent by 1985. On mortality, the policy aims at providing free basic and primary health care for rural and urban populations; the measures include integrated delivery of services, integration of health care services with community development, education and food programmes; and the target was to reduce crude death rate to 13 per 1000 population by 1982 (target was achieved). Regarding fertility, the target was to reduce birth rate by 1 per 1000 per year. Measures which include family planning information, education and communications programmes, improving education and socio-economic level of family and reducing mortality.

25. Like Egypt, the Tunisian policy aims at decreasing population growth through modifying fertility with a target of achieving a rate of natural increase of 1.2 per cent by the year 2001. On mortality, the policy aims at reducing general and infant mortality and morbidity and to have equitable distribution of services. Regarding fertility, the policy measures include family planning, MCH, communication and information programmes, raising educational levels, improving status of women, increasing employment, providing family allowances and introducing tax disincentives. The target was to reduce general fertility rate to 137.8 per 1000 by 1981.

4/ Ibid.

26. Among the 4 ECA member States, which have formulated and implemented policies concerning population distribution, the main objectives of such policies include (i) avoiding centralization in metropolitan areas; (ii) promoting rural development; (iii) creating regional centres by providing infrastructure and public services; (iv) avoiding regional disparities; (v) developing areas to redirect investment through land concessions and/or permissions; (vi) developing villages in rural areas; and (vii) creating new cities in non-agricultural land. A summary of these subjectives is presented in Table 2 for the affected countries. Virtually, all the 23 countries included in the table did not report evaluating the policies. Libya reported that its policy failed.

27. Although it has been argued that the optimal spatial distribution of population is that which contributes most directly to the achievement of specific explicit or implicit development goals, empirical observation appears to offer no general guidelines as to how particular population distribution patterns may favour or inhibit development. 5/ Given the difficulty of specifying what is the optimal spatial distribution of a population, policies on population redistribution in the ECA member States have tended to concentrate on establishing goals in terms of the direction of desired change, including slowing down the growth of the primate city, expanding the size of intermediate cities and slowing down rural depopulation. Colonization and resettlement schemes have produced more failure than successes, and recently greater prominence is being given to measures that affect spontaneous redistribution of population. Broadly, the policies which have been adopted to study the problems of population distribution in the ECA member States can be grouped into (a) those affecting international redistribution of population; (b) those designed to induce internal redistribution; and (c) those affecting spontaneous redistribution. 6/

Future implementation

28. Unless otherwise directed by the present session, the Secretariat will continue with its present strategy by popularizing, among member States, the KPA recommendations through the medium of the African Population Newsletter. In addition, the Secretariat would wish to be advised by the present session regarding the issuance of a questionnaire to member States say on two yearly basis purporting to solicit information on the steps being taken by them to implement the recommendations as a continuing monitoring activity.

5/ Richardson, H.W., «Defining urban population distribution goals in development planning». paper presented at the UNFPA Workshop on Population Distribution policies in development planning, Bangkok, 4-13 September 1979, Population distribution policies in development planning (United Nations Pub., Sales No. E.81. XII.5, pp. 7-18).

6/ Abonere, S.I , «Population distribution policies and measures in Africa, south of the Sahara: a review», Population and development review, Vol. 7, No. 2 (September 1981), pp. 421-433.

Table 2: Reported implementation of policies concerning population distribution in selected ECA member States

ECA Member States	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)
Algeria	X		X		X		
Botswana	X	X	X				
Cameroon		X					
C.A.R. Republic	X	X					X
Egypt	X						
Ethiopia				X			
Gabon		X					
Ivory Coast		X		X			
Kenya	X	X					
Liberia	X	X					
Libya	X						
Madagascar		X					
Morocco	X		X				
Nigeria	X	X					
Rwanda		X					
Senegal	X		X				
Sierra Leone	X			X			
Tanzania						X	
Tunisia	X						
Zaire		X					
Zambia	X	X					
Zimbabwe	X						
Total (N=23)	14	12	4	3	1	1	1

(i) To avoid centralization in metropolitan areas.
(ii) To promote rural development.
(iii) To create regional centres by providing infrastructure and public services.
(iv) To avoid regional disparities.
(v) To develop areas redirecting investments through concessions and/or permissions.
(vi) To develop villages in rural areas.
(vii) To create new cities in non-agricultural land.

Source: Arriaga, E., «Population and development policies aimed at population distribution», Paper presented at International forum on population policies in development planning (Mexico City, April 1987).

ANNEX 1

Questionnaire on the Implementation of the KPA Recommendations

The 93 recommendations of the Kilimanjaro programme of action (KPA) on population can be categorized into 9 activity areas in population and development as follows:

	Activity Areas in the KPA	Some Area(s) of Emphasis	
1.	Population and development strategy and policy	1.1	National efforts to create greater awareness of the interrelationships between population and development;
		1.2	Inter/intra country collaboration;
		1.3	The goal of achieving the targets set by the World Population Plan of Action (WPPA) for 1985 (i.e. I_M of at most 120; an r of at most 2%; an e_o of at least 50 years;
		1.4	Integrating population into development planning.
2.	Fertility and Family Planning	2.1	MCH/Family planning programme;
		2.2	Legislation regarding age at first marriage for females
3.	Morbidity and Mortality	3.1	Reduction in levels of infant/childhood/ maternal morbidity and mortality;
		3.2	Attaining objectives of Alma-Ata Declaration;
		3.3	Improved drinking water and nutrition;
		3.4	Reduction of imported technology.

	Activity Areas in the KPA		Some Area(s) of Emphasis
4.	Urbanization and Migration	4.1	Reduction of high migration to capital cities;
		4.2	Development of medium sized town;
		4.3	Effective inter-dependence between rural and urban areas;
		4.4	Integrated rural development programmes;
		4.5	Strategies for combating natural disaster;
		4.6	Solutions for Refugee problems.
5.	Role of Women in Development	5.1	Day care centers programme;
		5.2	Research on integrating women into development;
		5.3	Promotion of female education and employment;
6.	Children and Youth	6.1	Expansion of vocational training facilities.
7.	Data Collection, Analysis, Training and Research	7.1	Census taking; analysis and utilization of findings in planning;
		7.2	Expansion of demographic training programme;
		7.3	Application of demographic research findings.
8.	Population Information	8.1	Development of appropriate IEC mechanisms;
		8.2	Population education.
9.	Community involvement role of private and non-governmental organizations	9.1	Provision of guidance to such bodies.

In order to enable the ECA Secretariat implement ECA Resolution 506(XIX) in terms of monitoring the efforts by member States while implementing the recommendations of the KPA in the 9 activity areas, please indicate for each activity area:

(i) Any relevant policy instrument(s), programmes or statement(s) by your government:

Activity Area:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

(ii) Title of programme(s):

Already implemented	Being implemented	Proposal before Ministry/ Cabinet
Activity Areas:		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____

(iii) Specific type of problem(s) (if any) in implementing these programmes:

Activity Area:	Already encountered	Being encountered	Envisaged
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

(iv) Whether programme is:

	Part of National Development Plan	Government Proclamation to be Implemented by Institution
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

(v) Title of publication (if any) describing the programme(s):

Already implemented	Being implemented	Proposal before Ministry/ Cabinet
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		